

Trust Board paper L1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 January 2018

COMMITTEE: People, Process and Performance Committee (PPPC)

CHAIR: Mr A Johnson, Non-Executive Director and PPPC Chair

DATE OF COMMITTEE MEETING: 30 November 2017

RECOMMENDATIONS MADE BY THE COMMITTEE FOR PUBLIC CONSIDERATION BY THE TRUST BOARD:

- None.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- None.

DATE OF NEXT COMMITTEE MEETING: 21 December 2017

Mr A Johnson, Non-Executive Director and PPPC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE HELD ON
THURSDAY 30 NOVEMBER 2017 AT 11.15PM TO 1.45PM IN SEMINAR ROOM 2, CLINICAL
EDUCATION CENTRE, GLENFIELD HOSPITAL

Present:

Mr A Johnson - Non-Executive Director (Chair)
Mr J Adler - Chief Executive (for minute references 20/17 to 23/17/1 inclusive)
Mr M Caple - Patient Partner (non-voting member) (for minute reference 28/17)
Col. (Ret'd) I Crowe - Non-Executive Director
Mr A Furlong - Medical Director (for minute references 19/17 to 23/17/1 inclusive)
Ms M Gordon - Patient Partner (non-voting member)
Mr T Lynch - Chief Operating Officer (for minute references 20/17 to 23/17/1 inclusive)
Mr R Moore - Non-Executive Director
Mr B Patel - Non-Executive Director
Mr K Singh - Chairman (for minute references 19/17 to 23/17/1 inclusive)
Ms J Smith - Chief Nurse (for minute references 19/17 to 23/17/1 inclusive)
Ms L Tibbert - Director of Workforce and Organisational Development
Mr M Traynor - Non-Executive Director
Mr P Traynor - Chief Financial Officer

In Attendance:

Mr M Archer - Head of Operations for Clinical Support and Imaging (for minute reference 19/17/1)
Mr S Barton - Director of Operational Improvement (for minute references 20/17 to 23/17/1 inclusive)
Mr C Benham - Director of Operational Finance
Mrs S Everatt - Interim Corporate and Committee Services Officer
Mr W Monaghan - Director of Performance and Information
Ms J Tyler-Fantom - Deputy Director of Human Resources
Ms C Ribbins - Deputy Chief Nurse

RECOMMENDED ITEMS

19/17 PROCESS

19/17/1 Report from the Head of Operations, Clinical Support and Imaging

Recommended – that this Minute be classed as confidential and taken in private accordingly.

RESOLVED ITEMS

20/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Prof. P Baker, Non-Executive Director; Ms C West, Director of Nursing and Quality, Leicester City CCG; Mr B Shaw – Director of CIP and FOM, and Ms S Tate, Patient Partner.

21/17 MINUTES

Paper A detailed the minutes from the 26 October 2017 People, Process and Performance Committee meeting.

Resolved – that the contents of paper A be received and noted.

22/17 MATTERS ARISING

Paper B detailed the actions from the previous meetings of the People, Process and Performance Committee. Updates provided at the previous meeting had been incorporated into the Matters Arising log.

Resolved – that the contents of paper B be received and noted.

23/17 PERFORMANCE

23/17/1 Improving Emergency Access and Organisation of Care 2017-18

The Chief Executive presented paper C, which provided an update on progress with improving emergency care access and the Organisation of Care programme (up to 21 November 2017). It was acknowledged that daily performance had been continually challenging and performance remained below the NHSI trajectory and acceptable limits despite an improved position on relative performance. Performance for October 2017 against the A&E 4 hour wait target was 82.9% against an NHSI trajectory of 90%. The Trust continued to actively pursue the actions identified by Luton and Dunstable University Hospital NHS Foundation Trust, and ‘scrum’ meetings would continue for the foreseeable future. There was a discussion around the effectiveness of the current ‘scrum’ system and this would be reviewed to continue to make improvements and embed practices.

To enable performance improvements and improve flow in the Emergency Department a ‘floor walker’ role was being developed. The Chair welcomed this initiative and requested an update on the effectiveness of this role at the next meeting. It was noted that to aid the role more dynamic portable (open channel) communication systems may be required to cover the span of control across the ED floor. Emergency nurse practitioner roles had commenced on 6 November 2017 to provide 24 hours/7 days a week cover. In the medium-term there was a plan to increase the overall medical and nursing establishment of the department to match demand at peak times. In response to queries from Col (Ret’d) I Crowe Non-Executive Director, it was agreed that an update would be provided to him on: (1) the current situation with regards to team working and scheduling, and (2) the potential use of portable (open channel) communication systems.

CN
CE

Transition to the new non-emergency patient transport provider (which was commissioned jointly by the 3 LLR CCGs) continued to be challenging. UHL continued to work proactively with the new provider, and there remained scope for further improvements beyond those already made. Although that would likely take some time, members were assured that a contingency plan had been put in place. An escalation process had been implemented. In particular, concerns were highlighted around disruptions to certain service areas. The Chair requested that other alternative methods of providing an effective service were investigated.

Resolved – that (A) the contents of the report be received and noted;

(B) that the Head of Nursing, ESM be asked to provide an update on team working/team scheduling in the Emergency Department to Col (ret’d) I Crowe in response to a request for an update, and

CN

(C) that the Chief Executive feedback to Col (ret’d) I Crowe following discussions at the scrum meeting and with the Chief Information Officer around the potential use

CE

of portable (open channel) communication systems.

24/17 PEOPLE

24/17/1 Workforce Update

The Director of Workforce and Organisational Development provided a redeveloped report (paper E) which detailed month 7 performance on the following workforce metrics: (1) paybill, worked whole time equivalents (WTE) and productivity performance with a particular focus on medical report; (2) agency and non-contracted pay bill performance; (3) vacancies and turnover; (4) recruitment performance and actions; (5) sickness; (6) appraisal, and (7) staff engagement and organisational development. It was noted that pay bill and agency costs had been discussed at the Finance Investment Committee, and that medical agency costs continued to be challenging.

Progress was being made with e-rostering and this would be reported to the committee at a future meeting. Plans were progressing for a collaborative agency bank following requirements issued by NHSI and an outline plan would be provided to the December 2017 People, Process and Performance Committee meeting. Recruitment and retention controls were being reviewed to manage monthly pay costs. It was noted that further work was required on being more responsive to changing labour market needs.

DWOD

Resolved – that (A) the contents of paper E be received and noted, and

(B) that a report containing the outline plan of the collaborative agency bank be provided to the December 2017 People, Process and Performance Committee meeting.

DWOD

24/17/2 Mental Health and Sickness Absence Deep Dive

The report was provided in response to concerns raised at the October 2017 PPPC that the sickness rate was above the Trust target. The sickness rate had subsequently reduced and was now 3.4% for UHL which compared favourably with many other NHS Trusts. It was acknowledged nationally that 1 in 4 workers would be affected by conditions such as anxiety, depression and stress each year, and sickness absence in the UK was costing on average £1,035 per employee each year.

The report showed absences by staff group and CMG, with mental health-related absences reported across all CMGs and staff groups. In UHL, the most days lost for sickness absence were due to anxiety, stress, depression or other psychiatric illness and this equated to 18-21% of all sickness absences. Administration and clerical staff were affected the most by this condition. It was noted that there was no data available on staff that suffered from stress but did not take any absences – ‘presenteeism’.

A number of support mechanisms were in place, Occupational Health and AMICA services continued to support staff with mental ill health issues and the Time to Change Employer Pledge had been launched in September 2017. The Freedom to Speak Up role was also in place to encourage staff to have the confidence to raise any issues. The Health and Well Being work programme was being further developed, and was managed through the Health and Well Being Steering Group. The report detailed progress to date and next

steps. It was acknowledged that further work would be required to triangulate data on sickness absence rates, failure to recruit, and bullying and harassment instances to understand the level of corporate risk, and on cascading themes and next steps. Further work would be undertaken in 2018 on e-learning, e-mentoring and talent management to support staff, with an update paper to be provided to the People, Process and Performance Committee in January/February 2018.

DWOD

On 26 October 2017, the 'Thriving at Work' report had been published, commissioned by the Government as a result of an independent review into how employers could better support the mental health of all people currently employed, and the Trust would be assessing its own performance against the resulting recommendations.

Resolved – that (A) the contents of paper F be received and noted, and

DWOD

(B) that an update report on this matter be provided to the January/February 2018 People, Process and Performance Committee meeting.

24/17/3

HELM Progress Update

Paper G, as presented by the Director of Workforce and Organisational Development, provided an update on the transition to the HELM learning management system. The People, Process and Performance Committee noted ongoing progress on this issue and the continuation of daily reporting from the supplier. Reports on mandatory and statutory training requested by the Care Quality Commission following their current inspection of core services had been delivered.

The mandatory and statutory training dashboard had been received by the Director of Workforce and Organisational Development and would be circulated to PPPC members in due course. Overall statutory and mandatory training compliance for the organisation was currently 81% against a target of 95% which represented a risk to the organisation. Compliance for training which was essential to the job role was lower and required further validation. The Trust continued to remind staff of their responsibility to complete statutory and mandatory training. A progress update on the position re: HELM 2 would be provided to the People, Process and Performance Committee after January 2018. The Director of Workforce and Organisational Development agreed to provide a breakdown of safeguarding training compliance outwith the meeting.

DWOD

Resolved – that (A) the contents of the report be received and noted, and

(B) that a breakdown of staff compliance with safeguarding training be provided to Col (ret'd) I Crowe.

DWOD

24/17/4

HR Fit for the Future update

The Director of Workforce and Organisational Development provided an update (paper H) on the programme which aimed to improve the Human Resource and Organisational Development functions to create joined up, impactful services focusing specifically on: a new case management system, workforce analytics, recruitment, payroll, organisational development, and Occupational Health and AMICA. Progress was being made with a number of the work streams. Cost improvement savings were on target for delivery by the end of 2017/2018. A review was being undertaken with the new payroll provider in December 2017, and

proposals would be developed to further automate services. It was agreed that discrepancies with the patient partner payroll would be followed up outwith the meeting. Costs and KPIs would be added to the report for December 2017.

DWOD

Resolved – that (A) the contents of the report be received and noted, and

(B) that the Director of Workforce and Organisational Development follows up with Mr K Mayes, PPI and Membership Manager regarding discrepancies with payment of some Patient Partner expenses by the new payroll provider.

DWOD

25/17 MINUTES FOR INFORMATION

25/17/1 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 24 October 2017 (paper I refers) be received and noted.

25/17/2 Executive Workforce Board

Resolved – that no further meetings have been held since the 17 October 2017, the minutes of which were presented to the October 2017 People, Process and Performance Committee on 26 October 2017.

26/17 ANY OTHER BUSINESS

26/17/1 ***East Midlands Congenital Heart Centre (EMCHC)*** – in addition to the items noted in this summary, a verbal update was provided on NHS England's Board meeting outcome which confirmed their intention to continue to commission heart services at the East Midlands Congenital Heart Centre EMCHC, resulting in the centre being able to provide lifesaving surgery for children and adults in the future.

27/17 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 7 December 2017, and one item was noted as needing to be brought to the attention of the Trust Board.

Cttee Chair

28/17 JOINT SESSION WITH MEMBERS OF QOC IN ATTENDANCE

28/17/1 Quality and Performance Report Month 7

The report (joint paper 1) detailed the quality and performance metrics as at month 7. In view of time constraints, no specific discussion took place but the report was received and noted. The Director of Performance undertook to provide a brief summary for circulation to People, Process and Performance Committee members.

In addition to this paper there was a supplementary paper (joint paper 1a) which focused on two specific areas of performance which were currently out of kilter with requirements, these were: (1) RTT 18 and 52 weeks, and (2) 62-day cancer.

A verbal discussion on **cancelled operations** on the day was also scheduled to take place but due to time constraints and the opportunity for NEDs to talk with a member of the Luton and Dunstable team advising the Emergency Department this item was not discussed and would be rolled over to the meeting in December 2017.

Recommended – that (A) the contents of joint papers 1 and 1a be received and noted, and

(B) that a written update be provided outwith the meeting by the Director of Performance and Information following non-discussion of this item due to an alternative meeting taking place. DPI

Sarah Everatt
Interim Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2017-18 to date):

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>A Johnson (Chair)</i>	3	3	100	<i>B Patel</i>	3	3	100
<i>J Adler</i>	3	3	100	<i>K Singh</i>	3	3	100
<i>P Baker</i>	3	1	33	<i>J Smith</i>	3	2	66
<i>I Crowe</i>	3	3	100	<i>L Tibbert</i>	3	3	100
<i>A Furlong</i>	3	2	66	<i>M Traynor</i>	3	3	100
<i>T Lynch</i>	3	3	100	<i>P Traynor</i>	3	3	100
<i>R Moore</i>	3	1	33				

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>S Barton</i>	3	2	66	<i>W Monaghan</i>	3	2	66
<i>C Benham</i>	3	2	66	<i>B Shaw</i>	3	1	33
<i>L Gallagher</i>	3	0	0	<i>S Tate (from Dec 2017)</i>	0	0	
<i>M Gordon (until Nov 2017)</i>	3	3	100	<i>J Tyler-Fantom</i>	3	1	33
<i>B Kotecha</i>	3	1	33				